

UNITED STATES DEPARTMENT OF THE INTERIOR  
MINERALS MANAGEMENT SERVICE  
GULF OF MEXICO REGION

# ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 03-NOV-2007 TIME: 2015 HOURS

2. OPERATOR: Union Oil Company of California  
REPRESENTATIVE: Matthews, Justin  
TELEPHONE: (337) 989-3435

CONTRACTOR:  
REPRESENTATIVE:  
TELEPHONE:

- ☐ STRUCTURAL DAMAGE  
☒ CRANE  
☐ OTHER LIFTING DEVICE  
☐ DAMAGED/DISABLED SAFETY SYS.  
☐ INCIDENT >\$25K  
☐ H2S/15MIN./20PPM  
☐ REQUIRED MUSTER  
☐ SHUTDOWN FROM GAS RELEASE  
☐ OTHER

3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR  
ON SITE AT TIME OF INCIDENT:

6. OPERATION:

4. LEASE: G01034

AREA: SS LATITUDE:  
BLOCK: 266 LONGITUDE:

- ☐ PRODUCTION  
☐ DRILLING  
☒ WORKOVER  
☐ COMPLETION  
☐ HELICOPTER  
☐ MOTOR VESSEL  
☐ PIPELINE SEGMENT NO.  
☐ OTHER

5. PLATFORM: A  
RIG NAME:

6. ACTIVITY: ☐ EXPLORATION (POE)  
☒ DEVELOPMENT/PRODUCTION  
(DOCD/POD)

8. CAUSE:

7. TYPE:

- ☐ HISTORIC INJURY  
☐ REQUIRED EVACUATION  
☐ LTA (1-3 days)  
☐ LTA (>3 days)  
☐ RW/JT (1-3 days)  
☐ RW/JT (>3 days)  
☐ Other Injury

- ☐ FATALITY  
☐ POLLUTION  
☐ FIRE  
☐ EXPLOSION

- LWC ☐ HISTORIC BLOWOUT  
☐ UNDERGROUND  
☐ SURFACE  
☐ DEVERTER  
☐ SURFACE EQUIPMENT FAILURE OR PROCEDURES

- ☒ EQUIPMENT FAILURE  
☐ HUMAN ERROR  
☐ EXTERNAL DAMAGE  
☐ SLIP/TRIP/FALL  
☐ WEATHER RELATED  
☐ LEAK  
☐ UPSET H2O TREATING  
☐ OVERBOARD DRILLING FLUID  
☐ OTHER \_\_\_\_\_

9. WATER DEPTH: 180 FT.

10. DISTANCE FROM SHORE: 53 MI.

11. WIND DIRECTION: N  
SPEED: 18 M.P.H.

12. CURRENT DIRECTION: N  
SPEED: 1 M.P.H.

13. SEA STATE: 5 FT.

COLLISION ☐ HISTORIC ☐ >\$25K ☐ <=\$25K

17. INVESTIGATION FINDINGS:

At 1800 hours, the night shift crane operator was offloaded from the boat onto Ship Shoal 266 Platform A by the day shift crane operator. They swapped seats without shutting down the crane and the night shift operator completed offloading the day shift operator onto the boat to return to Ship Shoal 266 Platform B. At 1830 hours, the crane was used to lift a fuel storage tank and fill the crane power pack and the primary fuel filters were changed. At 2015 hours, the crane operator conducted a pre-use inspection of the crane and lowered two riggers onto the boat with the personnel basket and then lifted the basket back up to the platform. A 4 feet by 10 feet cargo basket, weighing 2500 pounds, was lifted with the auxiliary line and lowered to the boat. When the lift was approximately 15 to 20 feet from the boat deck, the auxiliary winch failed, started to freewheel and the basket fell to the deck and the line continued unspooling. The auxiliary line was then cut by personnel on the boat because the winch would not turn up or down. There were no injuries as a result of the incident.

18. LIST THE PROBABLE CAUSE(S) OF ACCIDENT:

The operator's investigation revealed that the winch was mounted off center, creating a side load affect. The torque on the shaft caused abnormal wear. Also, when the winch was taken apart, it was noted that there was a shortage of gear oil in the winch. It was also noted that the input shaft was 7/8" shorter than the specifications called for. The shaft showed signs of wear.

19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:

None

20. LIST THE ADDITIONAL INFORMATION:

N/A

21. PROPERTY DAMAGED:

Auxiliary winch

NATURE OF DAMAGE:

Total failure.

ESTIMATED AMOUNT (TOTAL): \$3,000

22. RECOMMENDATIONS TO PREVENT RECCURANCE NARRATIVE:

Due to the specific nature of this incident, the Houma District has no recommendations to report to the Regional Office of Safety Management.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

None

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

**Amy Wilson /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**Michael J. Saucier**

APPROVED

DATE: **13-DEC-2007**

# INJURY/FATALITY/WITNESS ATTACHMENT

☒ OPERATOR REPRESENTATIVE

☐ INJURY

☐ CONTRACTOR REPRESENTATIVE

☐ FATALITY

☐ OTHER \_\_\_\_\_

☒ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

# Crane/Other Material-Handling Equipment Attachment

## Equipment Information

Installation date: 03-APR-1985

Manufacturer: AMERICAN AERO CRANES

Manufacture date: 07-FEB-1985

Make/Model: G-15-E / SN85370

Any modifications since manufactured? Describe and include date(s).

26-JAN-2007

Auxillary winch rebuilt.

What was the maximum lifting capacity at the time of the lift?

Static:0 Dynamic: 0

Was a tag line utilized during the lift? N

Were there any known documented deficiencies prior to conducting the lift? If yes, what were the deficiencies?

None

List specific type of failure that occurred during this incident. (e.g. cable parted, sticking control valve, etc.)

Auxillary winch failed.

If sling/loose gear failure occurred does operator have a sling/loose gear inspection program in place? NA

Type of lift: DM

For crane only:

Type of crane: HYDRAULIC

Boom angle at time of incident: Degrees: 70 Radius: 0

What was load limit at that angle? 7845

Crane equipped with: B

Which line was in use at time of incident? F

If load line involved, what configuration is the load block: 2 part.

## Load Information

What was being lifted? **PIPE**

Description of what was being lifted (e.g. 10 joints of 2 3/8-inch pipe, ten 500-lb. sacks of sand, 2 employees, etc.)

### Cargo Basket

Approximate weight of load being lifted: **2500**

Was crane/lifting device equipped with an operable weight indicator? **Y**

Was the load identified with the correct or approximate weight? **Y**

Where was the lift started, where was it destined to finish, and at what point in the lift did the incident occur? Give specific details (e.g. pipe rack, riser cart, drill floor, etc.)

**Cargo basket was being lowered from the deck to a supply boat.**

If personnel was being lifted at the time of this incident, give specific details of lifting device and riding apparatus in use (e.g. 1) crane-personnel basket, 2) air hoist-boatswain chair, other)

**N/a**

Were personnel wearing a safety harness? **NA**

Was a lifeline available and utilized? **NA**

List property lost overboard.

**NONE**

## Rigger/Operator Information

Has rigger had rigger training? **Y**

If yes, date of last training: **13-APR-2007**

How many years of rigger experience did rigger have? **3**

How many hours was the operator on duty prior to the incident? **4**

Was operator on medication when incident occurred? **N**

How many hours was the rigger on duty prior to the incident? **4**

How much sleep did rigger have in the 24 hours preceding this incident? **10**

Was rigger on medication when incident occurred? **N**

Were all personnel involved in the lift drug tested immediately following this incident?

Operator: **N**                      Rigger: **N**                      Other: **NONE.**

While conducting the lift, was line of sight between operator and load maintained?

**Y**

Does operator wear glasses or contact lenses? **N**

If so, were glasses or contacts in use at time of the incident? **N**

Does operator wear a hearing aid? **N**

If so, was operator using hearing aid at time of the incident? **N**

What type of communication system was being utilized between operator and rigger at time of this incident?

**RADIO/VHF**

### For crane only:

What crane training institution did crane operator attend?

**OCCUPATIONAL SAFETY TRAINING**

Where was institution located? **NEW IBERIA, LOUISIANA**

Was operator qualified on this type of crane? **Y**

How much actual operational time did operator have on this particular crane involved in this incident?

Years: 1

Months: 0

List recent crane operator training dates.

**NOVEMBER 6, 2006 AND JUNE 1, 2007**

**For other material-handling equipment only:**

Has operator been trained to operate the lifting device involved in the incident? **N**

How many years of experience did operator have operating the specific type of lifting device involved in the incident?



## Inspection/Maintenance Information

### For crane only:

Is the crane involved classified as Heavy, Moderate or Infrequent use.

**H**

Was pre-use inspeciton conducted? **Y**

For the annual/quarterly/monthly crane inspections, please fill out the following information:

What was the date of the last inspection? **24-OCT-2007**

Who performed the last inspection? **OIL STATES INDUSTRIES**

Was inspection conducted in-house or by a 3rd party? **TP**

Who qualified the inspector? **OIL STATES INDUSTRIES**

Does operators' policy require load or pull test prior to heavy lift? **Y**

Which type of test was conducted prior to heavy lift? **L**

Date of last pull test: **24-OCT-2007** Load test: **24-OCT-2007**

Results: **P**

If fail explain why:

**All testing documentation could not be located.**

Test Parameters: Boom angle: **0** Radius: **0**

What was the date of most recent crane maintenance performed? **26-JAN-2007**

Who performed crane maintenance? (Please clarify persons name or company name.)

**ENERGY CRANES**

Was crane maintenance performed in-house or by a third party? **TP**

What type of maintenance was performed?

**Auxillary winch was rebuilt.**

**For other material-handling equipment only:**

Was equipment visually inspected before the lift took place?

What is the manufacture's recommendation for performing periodic inspection on the equipment involved in this incident?

**Safety Management Systems**

Does the company have a safety management program in place? **N**

Does the company's safety management program address crane/other material-handling equipment operations?

**Y**

Provide any remarks you may have that applies to the company's safety management program and this incident?

Did operator fill out a Job Safety Analysis (JSA) prior to job being performed?

**Y**

Did operator have an operational or safety meeting prior to job being performed?

**Y**

What precautions were taken by operator before conducting lift resulting in incident?

Procedures in place for crane/other material-handling equipment activities:

Did operator have procedures written? **Y**

Did procedures cover the circumstances of this incident? **Y**

Was a copy available for review prior to incident? **Y**

Were procedures available to MMS upon request? **Y**

Is it documented that operator's representative reviewed procedures before conducting lift?

**N**

Additional observations or concerns: